

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 1

A. Senior/Key Person												
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:			Mime Type:			Total Senior/Key Person			0.00

B. Other Personnel													
* Number of		* Project Role					Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested	
Personnel							Months	Months	Months	Salary (\$)	Benefits	(\$)	
999	Post Doctoral Associates						0.00	0.00	0.00	0.00	0.00	0.00	
999	Graduate Students						0.00	0.00	0.00	0.00	0.00	0.00	
999	Undergraduate Students						0.00	0.00	0.00	0.00	0.00	0.00	
999	Secretarial/Clerical						0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
9999	Total Number Other Personnel										Total Other Personnel		0.00
Total Salary, Wages and Fringe Benefits (A+B)												0.00	

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 1

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment Item	* Funds Requested (\$)
1.		0.00
2.		0.00
3.		0.00

Total funds requested for all equipment listed in the attached file

0.00

Total Equipment

0.00

Additional Equipment:

File Name:

Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

0.00

0.00

Total Travel Cost

0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other:

0.00

0.00

0.00

0.00

0.00

999 Number of Participants/Trainees

Total Participant/Trainee Support Costs

0.00

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 1

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	0.00
2. Publication Costs	0.00
3. Consultant Services	0.00
4. ADP/Computer Services	0.00
5. Subawards/Consortium/Contractual Costs	0.00
6. Equipment or Facility Rental/User Fees	0.00
7. Alterations and Renovations	0.00
8.	0.00
9.	0.00
10.	0.00
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	0.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	100.00	0.00	0.00
2.	100.00	0.00	0.00
3.	100.00	0.00	0.00
Total Indirect Costs			0.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	0.00

J. Fee	Funds Requested (\$)
	0.00

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 2

A. Senior/Key Person												
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:			Mime Type:			Total Senior/Key Person			0.00

B. Other Personnel													
* Number of		* Project Role					Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested	
Personnel							Months	Months	Months	Salary (\$)	Benefits	(\$)	
999	Post Doctoral Associates						0.00	0.00	0.00	0.00	0.00	0.00	
999	Graduate Students						0.00	0.00	0.00	0.00	0.00	0.00	
999	Undergraduate Students						0.00	0.00	0.00	0.00	0.00	0.00	
999	Secretarial/Clerical						0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
9999	Total Number Other Personnel											Total Other Personnel	0.00
Total Salary, Wages and Fringe Benefits (A+B)												0.00	

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 2

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment Item	* Funds Requested (\$)
1.		0.00
2.		0.00
3.		0.00

Total funds requested for all equipment listed in the attached file

0.00

Total Equipment

0.00

Additional Equipment:

File Name:

Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

0.00

0.00

Total Travel Cost

0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other:

0.00

0.00

0.00

0.00

0.00

999 Number of Participants/Trainees

Total Participant/Trainee Support Costs

0.00

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 2

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	0.00
2. Publication Costs	0.00
3. Consultant Services	0.00
4. ADP/Computer Services	0.00
5. Subawards/Consortium/Contractual Costs	0.00
6. Equipment or Facility Rental/User Fees	0.00
7. Alterations and Renovations	0.00
8.	0.00
9.	0.00
10.	0.00
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	0.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	100.00	0.00	0.00
2.	100.00	0.00	0.00
3.	100.00	0.00	0.00
		Total Indirect Costs	0.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	0.00

J. Fee	Funds Requested (\$)
	0.00

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 3

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:			Mime Type:			Total Senior/Key Person			0.00

B. Other Personnel

* Number of Personnel	* Project Role	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested
		Months	Months	Months	Salary (\$)	Benefits	(\$)
999	Post Doctoral Associates	0.00	0.00	0.00	0.00	0.00	0.00
999	Graduate Students	0.00	0.00	0.00	0.00	0.00	0.00
999	Undergraduate Students	0.00	0.00	0.00	0.00	0.00	0.00
999	Secretarial/Clerical	0.00	0.00	0.00	0.00	0.00	0.00
999		0.00	0.00	0.00	0.00	0.00	0.00
999		0.00	0.00	0.00	0.00	0.00	0.00
999		0.00	0.00	0.00	0.00	0.00	0.00
9999	Total Number Other Personnel	Total Other Personnel					0.00
Total Salary, Wages and Fringe Benefits (A+B)							0.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 3

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment Item	* Funds Requested (\$)
1.		0.00
2.		0.00
3.		0.00

Total funds requested for all equipment listed in the attached file

0.00

Total Equipment

0.00

Additional Equipment:

File Name:

Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

0.00

0.00

Total Travel Cost

0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other:

0.00

0.00

0.00

0.00

0.00

999 Number of Participants/Trainees

Total Participant/Trainee Support Costs

0.00

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 3

F. Other Direct Costs				Funds Requested (\$)
1.	Materials and Supplies			0.00
2.	Publication Costs			0.00
3.	Consultant Services			0.00
4.	ADP/Computer Services			0.00
5.	Subawards/Consortium/Contractual Costs			0.00
6.	Equipment or Facility Rental/User Fees			0.00
7.	Alterations and Renovations			0.00
8.				0.00
9.				0.00
10.				0.00
Total Other Direct Costs				0.00

G. Direct Costs				Funds Requested (\$)
Total Direct Costs (A thru F)				0.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.		100.00	0.00	0.00
2.		100.00	0.00	0.00
3.		100.00	0.00	0.00
Total Indirect Costs				0.00
Cognizant Federal Agency				
(Agency Name, POC Name, and POC Phone Number)				

I. Total Direct and Indirect Costs				Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)				0.00

J. Fee				Funds Requested (\$)
				0.00

K. * Budget Justification			File Name:	Mime Type:
			(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 4

A. Senior/Key Person												
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:		Mime Type:		Total Senior/Key Person					0.00

B. Other Personnel													
* Number of		* Project Role					Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested	
Personnel							Months	Months	Months	Salary (\$)	Benefits	(\$)	
999	Post Doctoral Associates						0.00	0.00	0.00	0.00	0.00	0.00	
999	Graduate Students						0.00	0.00	0.00	0.00	0.00	0.00	
999	Undergraduate Students						0.00	0.00	0.00	0.00	0.00	0.00	
999	Secretarial/Clerical						0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
9999	Total Number Other Personnel											Total Other Personnel	0.00
Total Salary, Wages and Fringe Benefits (A+B)												0.00	

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 4

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment Item	* Funds Requested (\$)
1.		0.00
2.		0.00
3.		0.00

Total funds requested for all equipment listed in the attached file

0.00

Total Equipment

0.00

Additional Equipment:

File Name:

Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

0.00

0.00

Total Travel Cost

0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other:

0.00

0.00

0.00

0.00

0.00

999 Number of Participants/Trainees

Total Participant/Trainee Support Costs

0.00

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 4

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		0.00
2. Publication Costs		0.00
3. Consultant Services		0.00
4. ADP/Computer Services		0.00
5. Subawards/Consortium/Contractual Costs		0.00
6. Equipment or Facility Rental/User Fees		0.00
7. Alterations and Renovations		0.00
8.		0.00
9.		0.00
10.		0.00
Total Other Direct Costs		0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	0.00

H. Indirect Costs			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$) * Funds Requested (\$)
1.		100.00	0.00 0.00
2.		100.00	0.00 0.00
3.		100.00	0.00 0.00
Total Indirect Costs			0.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	0.00

J. Fee	Funds Requested (\$)
	0.00

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 5

* ORGANIZATIONAL DUNS:
* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: 08-13-1967 * End Date: 08-13-1967 Budget Period: 5

A. Senior/Key Person												
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested (\$)
						(\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	
1.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funds Requested for all Senior Key Persons in the attached file												0.00
Additional Senior Key Persons:			File Name:			Mime Type:			Total Senior/Key Person			0.00

B. Other Personnel													
* Number of		* Project Role					Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested	
Personnel							Months	Months	Months	Salary (\$)	Benefits	(\$)	
999	Post Doctoral Associates						0.00	0.00	0.00	0.00	0.00	0.00	
999	Graduate Students						0.00	0.00	0.00	0.00	0.00	0.00	
999	Undergraduate Students						0.00	0.00	0.00	0.00	0.00	0.00	
999	Secretarial/Clerical						0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
999							0.00	0.00	0.00	0.00	0.00	0.00	
9999	Total Number Other Personnel										Total Other Personnel		0.00
Total Salary, Wages and Fringe Benefits (A+B)												0.00	

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 5

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 5

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment Item	* Funds Requested (\$)
1.		0.00
2.		0.00
3.		0.00

Total funds requested for all equipment listed in the attached file

0.00

Total Equipment

0.00

Additional Equipment:

File Name:

Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

0.00

0.00

Total Travel Cost

0.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other:

0.00

0.00

0.00

0.00

0.00

999 Number of Participants/Trainees

Total Participant/Trainee Support Costs

0.00

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 5

* ORGANIZATIONAL DUNS:

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

* **Start Date:** 08-13-1967

* **End Date:** 08-13-1967

Budget Period: 5

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	0.00
2. Publication Costs	0.00
3. Consultant Services	0.00
4. ADP/Computer Services	0.00
5. Subawards/Consortium/Contractual Costs	0.00
6. Equipment or Facility Rental/User Fees	0.00
7. Alterations and Renovations	0.00
8.	0.00
9.	0.00
10.	0.00
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	0.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	100.00	0.00	0.00
2.	100.00	0.00	0.00
3.	100.00	0.00	0.00
		Total Indirect Costs	0.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	0.00

J. Fee	Funds Requested (\$)
	0.00

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)	
Section A, Senior/Key Person		0.00
Section B, Other Personnel		0.00
Total Number Other Personnel	9999	
Total Salary, Wages and Fringe Benefits (A+B)		0.00
Section C, Equipment		0.00
Section D, Travel		0.00
1. Domestic	0.00	
2. Foreign	0.00	
Section E, Participant/Trainee Support Costs		0.00
1. Tuition/Fees/Health Insurance	0.00	
2. Stipends	0.00	
3. Travel	0.00	
4. Subsistence	0.00	
5. Other	0.00	
6. Number of Participants/Trainees	999	
Section F, Other Direct Costs		0.00
1. Materials and Supplies	0.00	
2. Publication Costs	0.00	
3. Consultant Services	0.00	
4. ADP/Computer Services	0.00	
5. Subawards/Consortium/Contractual Costs	0.00	
6. Equipment or Facility Rental/User Fees	0.00	
7. Alterations and Renovations	0.00	
8. Other 1	0.00	
9. Other 2	0.00	
10. Other 3	0.00	
Section G, Direct Costs (A thru F)		0.00
Section H, Indirect Costs		0.00
Section I, Total Direct and Indirect Costs (G + H)		0.00
Section J, Fee		0.00